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Bib Data Sheet

CONFIRMATION NO. 7392

SERIAL NUMBER 10/743,627	FILING OR 371(c) DATE 12/22/2003 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. 1020
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APPLICANTS

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** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

none

MAC 5/24/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Robert O. Wright
 42 Boston Lane
 Palm Coast, FL32137

TITLE

Portable dispensing pump

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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